DOCUMENT RESUME

ED 251 880 CS 504 789

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TITLE Communication and Mental Health: Psychiatric Forerunners.
PUB DATE 12 Apr 84
NOTE 16p.; Paper presented at the Annual Meeting of the Central States Speech Association (Chicago, IL, April 12-14, 1984).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Communication (Thought Transfer); *Communication Research; Individual Development; *Interpersonal Communication; *Interpersonal Relationship; *Mental Health; Personality Problems; Psychiatric Services; Psychiatry
IDENTIFIERS Adler (Alfred); Horney (Karen); Sullivan (Harry Stack)

ABSTRACT

The connections between human communication and mental health were first noted 50 to 60 years ago by such early psychiatrists as Alfred Adler, Harry Stack Sullivan, and Karen Horney. They were concerned with understanding those communication processes and skills that make for effective, fully functioning human beings. Adler emphasized faulty lifestyles, noting that the meanings a person lives by may be ineffective in dealing with life's realities. Relationships with others and personal growth likely will be hampered by inferiority feelings, compensation, devaluation of reality, and withdrawal from others, until there is personal insight and reorganization of meanings. Sullivan elaborated a developmental history of interpersonal relations that passes through definite stages: infancy, childhood, the juvenile era, preadolescence, early adolescence, late adolescence, and maturity. The personality is subject to change at all of these stages, and capable of being influenced by new interpersonal relations that develop. Horney focuses on four preconditions for functioning in a healthy way: willingness to take an honest look at conflict situations; examining those conflicts in the light of feelings and thoughts, including presently held values; making a decision or plan of action; and accepting the consequences for behavior. Their pioneering work foreshadows some of the current conceptions regarding the influence of human communication upon mental health. (RBW)

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COMMUNICATION AND MENTAL HEALTH: PSYCHIATRIC FORERUNNERS

A Paper Presented

at the

Central States Speech Association Convention

April 12, 1984

by

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Jurgen Ruesch highlights the fact that there are important relationships between communication and mental health:

> It is the task of psychiatry to help those who have failed to experience successful communication, and it is the aim of psychiatry as a scientific discipline to gain information about the nature of these failures and to formulate remedial measures.[1]

Failures in communication and the accompanying failures in interpersonal relationships contribute to mental illness and, at times, are symptomatic of mental illness. Thus it would seem that the goals of the psychiatrist and of the communication teacher are compatible. In fact, psychiatry foreshadowed a number of connections between human communication and mental health fifty to sixty years ago.

By examining early links between communication and mental health discussed by Alfred Adler, Harry Stack Sullivan, and Karen Horney, it becomes apparent that they are concerned with understanding those communication processes and skills which make for effective, fully functioning human beings. These psychiatrists were chosen because their subjective approaches have something important to say about communication with others. They are "subjective" in the sense that they place emphasis upon consciousness, the self, meanings, and personal experience. Adler, Sullivan and Horney focus upon the social and interpersonal influences upon human development and thereby contribute to our present understanding of communication.

Alfred Adler

According to Ansbacher, Adler ". . . went in a

direction which partly anticipated Freud's own development, and to a greater extent anticipated the many later deviators from Freud now called neo-Freudians."[2] From 1907 to 1937, Adler pioneered a number of seminal ideas[3] that shed light on connections between communication and mental health: inferiority and insecurity, striving for self-enhancement and power, woman's revolt against her feminine role, the oversolicitous mother, and maladjustment as self-centeredness.

Early in Adler's career, he was aware of the central place of meanings in the adjustment of individuals to life's demands. He says:

> Human beings live in the realm of meanings. We do not experience pure circumstances; we always experience circumstances in their significance for men. . . . We experience reality always through the meaning we give it; not in itself, but as something interpreted.[4]

Events in reality are not "ready made" simply to be comprehended, rather we are continually interpreting those events and assigning meaning to them. However, our tendency is to rely upon our interpretations of events as static, unchanging entities that have an unshakable reality of their own.

Unwillingness or inability to change our views of reality, including ourselves, has important implications for communication and mental health. In fact, Adler's Individual Psychology is concerned with describing the developing ego as it experiences an incongruity between its present life style and the social demands of life. The problem is that the ego falsely tries to maintain the incongruent style of life instead of adapting to the social demands and, in Adler's words: ". . . developing in the direction of a stronger social interest."[5]

Adler's eight "dynamic forces" forming the structure of mental illness emerge and are shaped within the context of interpersonal relations: inferiority feelings, striving for compensation, the goal of superiority, responses to the demands of social interrelatedness, fictional self-enhancement, distancing from the expectations of the community, devaluation of reality, and elimination of almost all human relations and cooperation.[6] Adler expresses his focus upon the need for successful relationships with others in this way: "All mistaken answers [to the tasks of life] are degrees of an infinite series of failures . . . of more or less discouraged people to solve their life-problems without the use of cooperation or social interest."[7]

Adler explains how a child develops a style of life in response to different life situations. The child develops a role within himself which soon becomes mechanized in terms of both movements and expressions. Adler says:

> It is very much like what takes place when a child has memorized a poem. He does not need to find the words; the whole thing has become mechanized and is no longer conscious; the poem runs by itself, as it were. Once acquired, the style of life of a child and his self-evaluation remain constant as long as insight into the self is missing.[8]

This line of analysis contributed to Eric Berne's understanding of "life scripts," according to Swenson, the author of a textbook on interpersonal relations.[9] Swenson explains: " . . . Berne developed his concept of games and the 'script' of life, echoing Adler's emphasis on the preeminence of the social side of people and the concept of a life style."[10]

The child develops a faulty life style, according to Adler, when "overburdened" during the formative years with some

damaging life situation, such as: inferior organs, pampering, or neglect.[11] He discusses the social effects of these and of the roles of various family members (mother, father, the oldest child, the second child, the youngest child, and the only child).[12] Adler is concerned with interpersonal relationships and their influences upon the child's developing view of himself and his world.

Adler's emphasis upon faulty lifestyles merits attention by communication teachers. The meanings a person lives by, those he/she has chosen to create a particular lifestyle, may be ineffective in dealing with life's realities. Relationships with others and personal growth likely will continue to be hampered by inferiority feelings, compensation, devaluation of reality, and withdrawal from others, until there is personal insight and reorganization of meanings. If self-centeredness is the principal cause of maladjustment, then enabling students to develop the interpersonal skills necessary to become more actively and productively involved with others is a service of inestimable value. In some cases, the self-confidence and sense of achievement that students gain through communication classes may well become life-saving.

Harry Stack Sullivan

Sullivan, whom Swenson calls "the immediate forebear of the modern study of the interpersonal relationship," began his psyhiatric work with schizophrenics just after World War I.[13] Sullivan advanced the unique notion that schizophrenia is due primarily, in Swenson's words: ". . . to faulty experience in

interpersonal relationships during the years of childhood and early adolescence."[14] Sullivan anticipated a number of later findings, such as: the debilitating communication pattern now called the "double-bind," the interpersonal needs for security and self-esteem that persons expect to be protected while communicating, and the reciprocal influence of two people's responses upon their interpretations of themselves and each other's communication.[15]

Sullivan's method for the psychiatric interview he calls "participant observation," a process involving reciprocal emotions that flow from the needs of the interviewer and the interviewee in that situation. He formulates his "theorem of reciprocal emotions" this way: "Integration in an interpersonal situation is a process in which (1) complementary needs are resolved (or aggravated); (2) reciprocal patterns of activity are developed (or disintegrated); and (3) foresight of satisfaction (or rebuff) of similar needs is facilitated."[16] By "needs" Sullivan means, in addition to physical needs, ". . . the need for a feeling of personal security in interpersonal relations, which in turn can be called a need to avoid, alleviate, or escape from anxiety, or, again, a need for self-esteem."[17]

Sullivan acknowledges the influence of social psychology upon his conception of the self. George Herbert Mead's view of the self, he says, is ". . . not too far removed from what I discuss as the <u>self-system</u>--on the basis of reflected appraisal from others and the learning of roles . . ."[18] The individual, in Mead's view, learns to play the roles of others, responds to those internalized role assumptions, and in so doing

develops a "self."

Personality development, for Sullivan, is equivalent to the ". . . developmental history of interpersonal relations."[19] His developmental approach stresses definite stages of infancy, childhood, the juvenile era, preadolescence, early adolescence, late adolescence, and maturity. The personality is subject to change at all of these stages, capable of being influenced by new interpersonal relations that develop.[20] Placing special importance on the role of the mother, Sullivan believes that the progress of an infant or young child is interrupted when the "mothering one" has an emotional disturbance. He says: "Thus anxiety is called out by emotional disturbances of certain types in the significant person."[21]

The infant's learning is precipitated initially by a desire to satisfy physical needs. On the other hand, the dynamism of the self-system is directed at how to live with significant others to satisfy security needs. Sullivan says: "The self-system is an organization of educative experience called into being by the necessity to avoid or to minimize incidents of anxiety."[22] Sullivan's self-system is a dynamism which he calls "the personification of the self," although he adds that personifications are always inadequate descriptions.[23]

The self or self-system develops in response to threats to security, serves to protect against anxiety produced in interpersonal relations, and always exists in relations to others. One might say that the self exists within the past and present interpersonal relations that have a direct influence on the person.

The psychiatrist, as a participant observer within an interpersonal field, seeks to understand the blockage to cooperation between the patient and others and to ". . . expand the patient's awareness so that this unnecessary blockage can be brought to an end."[24] The communication teacher, on the other hand, can aid students in developing further self-awareness and awareness of the blockages in their relationships with others by teaching them the reciprocal nature of interpersonal relations. Sullivan provides the necessary focus upon the basic objectives of communication between persons: to discover complementary needs, to develop reciprocal patterns of activity, and to obtain satisfaction of those similar needs. Focussed discussion with another person with whom we have a relationship may lead to a better mutual understanding of needs ranging from self-esteem and interpersonal security needs to more tangible, physical needs.

Karen Horney

Horney can also be credited with advancing our understanding of human behavior within the social and interpersonal context. Horney says of her book, The Neurotic Personality of Our Time (1937), that its main contention was ". . . that neuroses are generated by disturbances in human relationships."[25] Horney claims that her theory of neurosis centers around ". . . a basic conflict between the attitudes of 'moving toward,' 'moving against,' and 'moving away from' people."[26] These, then, become ways of viewing three rather distinct character types: the compliant personality, the aggressive personality, and the detached personality. All three can be viewed as ways of

reducing inner conflict.

Moving toward people, compliance, is a kind of overweening need for affection from, dependence upon, and approval of others. It results from accepting feelings of helplessness. Moving against people, aggressiveness, is an antagonistic stance toward people in general. It is borne out of a sensed hostility in others, whether real or imagined, that leads to a desire to control, overpower, or manipulate them. Moving away from people, detachment, is the desire to keep people at a distance carried to the extreme. Creating social and personal distance from others occurs when the person feels that others do not understand or do not care to understand, thus isolation is a means of eliminating the inner conflict.[27] Horney says: "From the point of view of the normal person there is no reason why the three attitudes should be mutually exclusive. One should be capable of giving in to others, of fighting, and of keeping to oneself."[28] In the normal person, these attitudes will function in some kind of balance; in the neurotic, one will predominate. Moreover, the neurotic person is driven to be compliant, aggressive, or detached regardless of what may be appropriate in the particular social situation.[29]

According to Horney, the neurotic develops an idealized image of him/herself as a means of protection against the pain of inner contradictions. This idealized image becomes an artificial self which permits denial of the disharmony. She says that the neurotic's actual self becomes "unreal" to him/her, thus creating ". . . an idealized image of himself in which the conflicting parts were so transformed that they no longer appeared as

conflicts but as aspects of a rich personality."[30] This protective mechanism also serves as a "binder" to hold together a "divided individual." And, in Horney's words, ". . . it exerts a decisive influence on his relations with others."[31]

Being a normal person who is non-neurotic and who functions reasonably well requires the ability to recognize inner contradictions and to make decisions with an awareness of them. Horney gives four preconditions that must exist to function well, all of which have important implications for teachers. First, "We must be aware of what our wishes are, or even more, of what our feelings are."[32] Increased self-awareness is, for me, one of the primary learning goals for speech communication classes. For that matter, it is important for us as teachers to experience our own feelings in relationships with others and not merely to function in the role of a teacher, estranged from what we like or dislike, want or do not want. Horney says:

> Do we really like a person or do we only think we like him because we are supposed to? Are we really sad if a parent dies or do we only go through the motions? Do we really wish to become a lawyer or a doctor or does it merely strike us as a respectable and profitable career?[33]

A second condition for functioning in a healthy way, since our conflicts often involve beliefs or moral standards, is the development of our own set of moral and ethical values. Beliefs that we have acquired from others, but are not yet a part of us, do not ". . . have sufficient strength to lead to conflicts or to serve as a guiding principle in making decisions."[34] The classroom itself is an environment in which students will often question their own convictions and values and those of others. We should be aware of the assumptions implicit in our

teaching and be willing to discuss value questions when they arise. In my view, when discussing value questions, such as what kind of behavior is appropriate in a particular social situation, the goal of the teacher should be to provide an opportunity for examining alternative possibilities, making it clear that it is the responsibility of each individual to choose what seems best for him or her under the circumstances.

The third precondition to healthy functioning is the willingness and ability to reject one of the two conflicting issues.[35] It is seldom easy for persons wishing to make judicious dicisions to reject alternatives without due consideration. A greater concern, however, may be the need to decide among possible value options without remaining in limbo or conflict for an undue amount of time.

The final precondition is the willingness to accept responsibility for the choices we make. Horney says: "This would include the risk of making a wrong decision and the willingness to bear the consequences without blaming others for them."[36] The number of us who, at one time or another, blame others for the consequences of our behavior is probably legion. This is probaoly no less true for older adults than for adolescents or young adults.

Willingness to take an honest look at our conflict situations; examining those conflicts in the light of our true feelings and thoughts, including our presently held values; making a decision or a plan for action; and then accepting the consequences for our behavior is a procedure very similar to the

Reality Therapy of William Glasser. While I am not suggesting by any means that the classroom teacher is a therapist, I am suggesting that part of the process of teaching involves confronting students with ideas and information in such a way that they will be challenged to think through a variety of personal and interpersonal issues, making the student the locus of choice and responsibility. Students need to be challenged to ask such questions as: What does this mean to be personally? What is there of value in this concept for me? How can I apply this information to my own situation? What is there about this that I cannot accept?

Conclusion

The ways in which human beings relate to one another and to other dimensions of reality have been examined from many different perspectives. From the psychiatric perspective, Adler, Sullivan, and Horney where chosen because of their early contributions from a subjective perspective emphasizing the self, meanings, and the ways in which these are developed through interpersonal relationships. These psychiatrists and their pioneering work serve as forerunners of some of the current conceptions regarding the influence of human communication upon mental health.

The communication teacher-researcher may find it difficult to discover many of the connections between communication and mental health. Regardless of the "colored lens" through which one chooses to observe human behavior, it is important to recognize the primacy of language, verbal and

nonverbal exchanges, and meaning. Human communication is central to any analysis of human development, the ways in which human beings relate to one another, and to a better understanding of mental health.

The most significant implications that can be drawn from this study are these: (1) Communication has an interactive relationship with mental health, (2) Communication is a primary means of personal development, (3) interpersonal communication problem may be indicative of, or serve as a prelude to, mental health problems, and (4) communication courses may help forestall or prevent mental-emotional problems.

Increased attention to the interplay between communication and mental health by both teachers and researchers, as well as by mental health professionals, may help to improve interpersonal relationships and the quality of life.

Endnotes

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[5]Alfred Adler, Superiority and Social Interest, ed. by H.D. Ansbacher and R.R. Ansbacher (Chicago: Northwestern University Press, 1964), p. 288.

[6]Alfred Adler, "The Dynamic Unity of Mental Disorders," in the Individual Psychology of alfred Adler, ed. by Ansbacher and Ansbacher, p. 300.

[7]Ibid., p. 299.

[8]Alfred Adler, "The Origin of the Neurotic Disposition," in The Individual Psychology of Alfred Adler, ed. by Ansbacher and Ansbacher, pp. 367.

[9]Clifford H. Swenson, Jr., Introduction to Interpersonal Relations (Glenview, IL: Scott, Foresman, 1973), p. 116.

[10]Ibid.

[11]Alfred Adler, "The Origin of the Neurotic Disposition," in The Individual Psychology of Alfred Adler, ed. by Ansbacher and Ansbacher, pp. 367-68.

[12]Ibid., pp. 369-81.

[13]Swenson, Introduction to Interpersonal Relations, p. 3.

[14]Ibid.

[15]Ibid., p. 47.

[16]Harry Stack Sullivan, The Psychiatric Interview, ed. by H.S. Perry and M.L. Gawel (New York: W.w. Norton, 1954), pp. 128-29.

[17]Ibid., p. 129.

[18]Harry Stack Sullivan, the Interpersonal Theory of Psychiatry, ed. by H.S. Perry and M.L. Gawel (New York: W.W. Norton, 1954), p. 17.

[19]Ibid., p. 30.

[20]Ibid., p. 62-94.

[21]Ibid., p. 9.

[22]Ibid., p. 165.

[23]Ibid., p. 167.

[24]Ibid., p. 376.

[25]Karen Horney, Our Inner Conflicts (New York: W.W. Norton, 1945), p. 12.

[26]Ibid., p. 18.

[27]Ibid., pp. 42-43.

[28]Ibid., p. 45.

[29]Ibid., p. 46.

[30]Ibid., p. 16.

[31]Ibid., p. 108.

[32]Ibid., p. 25.

[33]Ibid.

[34]Ibid.

[35]Ibid., p. 26.

[36]Ibid.